

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F98000005757**

1. Entity Name

Wilke & Cane, Inc.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90082 022 ***158.75

Principal Place of Business Mailing Address (same)

2054 Semoran Boulevard,
Suite 128
Winter Park, FL 32792

2. Principal Place of Business

(see above)

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59 3534548

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Charles Cane
7982 Shoals Drive, Apt. B
Orlando, Florida 32187

7. Name and Address of New Registered Agent

Name

Charles M. Cane

Street Address (P.O. Box Number is Not Acceptable)

900 Bishop Park Ct., Apt. 1011

City

Winter Park

FL

Zip Code
32792

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Charles M. Cane

April 26, 2000

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Michael S. Wilke ☐ Delete
900 Bishop Park Ct., Apt. 1011
Winter Park, Florida 32792

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Charles M. Cane ☐ Delete
900 Bishop Park Ct., Apt. 1011
Winter Park, Florida 32792

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles M. Cane

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 2000

Date

(407) 678-4142

Daytime Phone #

CR2E034 (9/99)